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The Meaning of Disease

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• A wider concept of disease is developing, which deals with the social environment, not only with the physical, chemical or ecological factors, as they affect the homeostasis of the internal environment of the organism. In such a concept it is the fitness of the whole personality which determines ease or dis-ease in adaptation. If the medical profession is to retain the strategic direction as well as the tactical command of the battle for health, it must widen the bases of its educational program so that every physician will understand and conform to the plan of battle even though his individual role is highly restricted; so that even in the office of a technical specialist the whole personality of the patient in relation to his whole environment is dealt with.

ABOUT 25 YEARS AGO there appeared a remarkable and rather epoch-making book by William Alanson White under the title of *The Meaning of Disease*,[2] in which he developed the then rather revolutionary concept that disease was a manifestation of man's struggle to adapt to his environment. Until then medical thought about disease had been preoccupied with the pathological processes affecting the structure and functions of organs rather than with the struggle taking place between the owner of those organs and the total environmental situation in which he exists.

In the *Bible*, of course, were many references to the relationship between the perturbations of the soul and those of the body, but, in the main, religion kept the concepts of the two in quite separate compartments. Burton in his *Anatomy of Melancholy* attempted to deal with this relationship on a philosophical basis. Claude Bernard had taught that the organic functions of the body served to keep its internal environment within a relatively constant range of conditions. It remained for Cannon to show experimentally that these physiological mechanisms were profoundly affected under the stress of emotional reactions. Thus psychosomatic medicine was born legitimately of Psyche and Soma, and christened at the font of science. It was White who made us see that these psychosomatic disorders did not occur piecemeal, organ by organ, but that all illness or disease must be conceived as the struggle of the *whole* personality against the stresses of the *whole* environment.

This idea has today achieved the widest acceptance, as one may see in reading the symposium on "Adaptation" edited by John Romano,[1] in which a general biologist, a social anthropologist, a psychologist, a physiologist, and a psychiatrist met on common ground. In spite of this agreement in the upper echelons of Olympus, the rank and file of mortal practitioners are still committed to the old concepts

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of diseases of the parts of man and with parts of the environment rather than with the struggle of the whole man with his whole environment. Thus it seems pertinent to discuss the *meaning* which disease must have to each physician both as an individual and as a member of a great profession. If we grasp this meaning, if we accept the wholeness of things pertaining to disease, how can we continue to categorize diseases according to the deficiencies of organic responses? Can we persist in the narrow sort of specialization in practice which has been engendered by the older concepts? Can we go on treating only the eye, the ear, the heart, the lung, the stomach, bowel, or prostate of a patient without consideration of the whole man and the setting in which he exists? Are we, like Joseph's brothers, so busy dividing up Joseph's coat of many colors that we forget what becomes of Joseph?

"Well," you will say, "the capacities of even the greatest doctors are finite, while the problems of medicine are infinite. Let each man play the part for which he is best fitted—if worse comes to worst, we have *groups*. At any rate that is what is happening, so make the best of it."

What about *group practice,* is it to be a congeries of technical experts who pass a patient down a disassembly line and back up an assembly line? Is there anyone to comfort the sick man and hold his hand, and be guide, philosopher and friend, while he goes through this process? What about the *group brain* and the *group conscience?* Is the group going to confine itself only to patching up the man's body or is it going to help him to achieve a better total adjustment to his environment, or to seek a new one for which he is better fitted to adapt? These are pertinent questions to which the answers are being hammered out every day on the anvil of trial and error.

Let it not be assumed, from the questions I have asked, that I am against groups in medicine. Nothing becomes more apparent, as our understanding of disease progresses, than that the care of the sick is becoming a team operation, the success of which depends on a captain, imbued with the highest ideals of sportsmanship, with a good eye to strategy as well as to the tactical formations which respond to the signals which he calls. He and his whole team must have the broad concept of the nature of disease, and realize that each patient is struggling with his entire social and ecological environment and not simply with trauma, infection, intoxication, organic defect, or other immediate cause of an episode of illness. At best the medical group operating a clinic represents a team dealing with the immediate problems of illness, chiefly those of diagnosis and therapeutics.

A good group will take such immediate measures as may be available to *prevent* recurrence or extension of an illness. It may employ the ancillary services of visiting nurses and social workers to meet environmental problems of the home and family, and to effect liaison with public agencies which are a part of the forces of preventive medicine.

A good group may also organize facilities to aid in rehabilitation, although the requirements for the conduct of this "third phase" of medicine will be far beyond the capacities of most groups, just as are those of preventive medicine.

If one estimates the situation confronting medicine in the Battle for Health, one can readily see that three types of teams are required: one for *diagnosis* and *therapeutics,* one for *prevention,* and one *for rehabilitation.*

Our traditional concepts of the functions of these forces are quite inadequate in the light of what we may presently conceive to be the nature of disease. We have a better understanding of the requirements of a diagnostic-therapeutic group than of the table of organization for the preventive or rehabilitative forces. We have much to learn about how to interrelate them and coordinate their tactical activities, and the grand strategic plan has yet to be drawn.

In the field of preventive medicine, it is obvious that great strides have been made in reducing the bill of mortality by the efforts of our public health agencies directed against the immediate microbiological causes of disease. It cannot be said, however, that we have yet achieved much in the reduction of total morbidity. In fact the reduction in the death rate in the earlier years of life has probably even increased the amount of chronic illness, for more have been spared to be its subjects. The forces of prevention are being directed with great energy against the immediate or proximate causes of morbidity in industry and in senescence, and against cancer and infection. In the social sciences and in psychology the primitive concepts of social pathology and psychopathology are forming. The psychiatry to which we must look for guidance in this phase of the battle is rapidly approaching the point where it may be able to assume the leadership which medicine must give in the fields of child training, education, both secular and religious, and in the fields of law and public administration.

What is the kernel of the problem that confronts us? Is it not that the growth of science and technologic development have enormously extended the scope of environmental stresses to which man must adapt? This expansion in scope has been so rapid that the older mechanisms which society has employed for bringing up a majority of its members from the infantile state of primitive little beasts to full stature as mature adult men and women, have proved inadequate, in the sense that only a small

proportion achieve maturity and a larger proportion remain immature. Within the short space of 300 years we have gone from societies in which a majority of citizens might live out their span of years within the confines of a single county to one which is truly global in extent, owing to developments in communication and transportation. In smaller and more circumscribed societies when the rate of change was not too great, a semi-static equilibrium tended to develop. There was some sort of harmony attained by religious and secular education which developed a sufficient body of mature adults to manage community affairs successfully. In our greatly expanded society we need a mature psychiatry to guide us in child training, in improving the methods of bringing children to the maturity demanded by our global situation. Our mores and our laws, our ethical goals must be set to a realistic conception of our situation and more people must be brought to mature adaptation to it. This is the final task of preventive medicine.

The concepts of rehabilitation have developed from our better understanding of the meaning of disease. In the normal development of the mature person there is an orderly *progression* through stages of infantilism, childhood, early and late adolescence to adulthood. We recognize that *regression* takes place in illness, by which we mean that the personality reverts toward earlier levels of maturity when one is ill. For instance, the man who is so ill that he must be fed and bathed and have a bed pan and urinal brought to him, returns in a sense to an infantile level, from which he must again progress as convalescence takes place. It is the function of rehabilitation to promote this reprogression. There is far more to this than the restoration of function to an injured part, more than the fitting of prosthetic appliances. All the resources for psychological rehabilitation must be employed as well as those of physical medicine.

The processes which make for successful convalescence offer medicine an unrivalled opportunity to carry the process beyond the level preceding illness. One could mention innumerable instances in which the conquest of severe disability has carried an individual to new heights of maturity and achievement, far beyond those which were in evidence before illness or disability occurred.

For guidance in this "third phase" of medicine we must expect leadership from psychiatry. This field of medical endeavor is rapidly emerging from the state in which it was regarded as a specialty, devoted to the treatment of psychoses. Psychiatry is no longer immured within the walls of madhouses; it is taking its place in the wards of general hospitals, and in health departments. In these roles it is developing and extending its scope so that it is no longer a specialty devoted to the care of the insane and to the lesser forms of neurotic illness. Psychiatry will become one of the most basic parts of the training of the general practitioner and the internist, who is, after all, a general practitioner with a big reputation.

In the medical school in which I serve, our department of psychiatry has teachers assigned to each of our other major clinical services. It is the function of those teachers to study, analyze and interpret the psychological phenomena attending all types of illness. The clinical clerk who is assigned to a patient with peptic ulcer will be able to synthesize the lessons learned with the psychiatrist as well as with the gastroenterologist and the surgeon. These latter gentlemen are also being instructed and all of us are functioning better as a team because of this leaven in our daily bread. It is a common experience for me on my ward rounds to have a student tell me that a certain patient with hypertension is unable to express anger overtly, or that Mrs. Jones, who has ulcerative colitis and was doing well, has relapsed because the doctor on whom she was dependent has left town for a vacation; or that Mrs. Brown, who last week was in status asthmaticus, has remarkably recovered on the news of the death of her husband.

We oldsters have learned the truth of many of these things the hard way, and slowly, over many years of experience. These youngsters on completion of their training will approach their various tasks with a breadth of view and with a perspective that was denied us in our own school days. We can look forward then to a time when we will possess a corps of physicians who can assume strategic direction as well as tactical command of the three great phases of the battle for health, so that each will understand and conform to the plan of battle, which deals with the whole personality of the patient in relation to his whole environmental situation, even though the individual physician's role in the team is highly specialized.

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REFERENCES

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